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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

APR 28 2004

Application Number	09/838,555
Filing Date	April 18, 2001
First Named Inventor	Brooke Anderson
Group Art Unit	
Examiner Name	
Attorney Docket Number	01665.0017.NPUS01

To: Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

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I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are: In-house counsel will handle further prosecution.

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1. ☐ The correspondence address is NOT affected by this withdrawal.

2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

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<input checked="" type="checkbox"/> Firm or Individual name	Jeff Oster, Esq, Sr. V.P. Intellectual Property and Assistant General Counsel				
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☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

Name Albert P. Halluin / Adam K. Whiting

Signature

Date

April 20, 2004

**NOTE: Withdrawal is effective when approved rather than when received.
 Unless there are at least 30 days between approval of withdrawal and the expiration date of a time
 period for response or possible extension period, the request to withdraw is normally disapproved.**